MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1110

6261

Reg. Dist. No. 192

1. PLACE OF DEATH: 26	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State I State the Selection of County I the Man State the Selection of the
(If butside city or town limits, write RURAL and give nearest town)	mid an in the 'no
Now long in above place of death? 38 Alfabril	City or town (If outside city or town Hmits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. My forther the state to the work of the state
	(If rural, givo LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Harry nimion	& Brosenne Mone
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 30
Male White Married	20. DATE OF DEATH 12 June 18.48 at 6 1. M
8,(b) Name of husband or wife Thanks & Offell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Brosland 8.(c) If alive, give age 9 years	12 June 1948 10/2 June 1948
7. Birth date of	and that I last saw h emalive on 12 Julie 19 48
deceased (mo., day, yr.) 11119 2, 1865	Immediate cause of death
8. AGE: Years Months Days If less than one day	Pulmonay edema Inmediate
82, 10 10min.	
Bultimore Pite mo	Due to Cardiac Suilve : 2 weeks
9. Birthplace for the Added the County, and state)	underkning cause:
10. Usuat occupation frakmen	denote a se
	Due to.
11. Industry or business	
12. Name The State of Shall share of the Shall s	Other-conditions
Z 13. Birthplace //aufyldma	(Include pregnancy within 8 months of death)
14. Maiden name La Amstrala Student	
14. Malden name Call Manager State S	Major fiudings of operations.
≥ 15. Birinpiace	
18. Informant / Ital / Jan 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Chartopsy results
Address Marsualtsville ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Billion Ollandinglus	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory to Johnson Blanches	Where did injury occur?
6 Oliplatt Pite Md.	injured at home, farm, industry, public place (where?)
Location	Means of injury injured at work?
t8. Funeral director	make of mary
Address & Ellicatt (ity ma)	William F. Lanaway m.D.
6/11/1/1/ 2 (18, 2)	23. SIGNATURE
19. (Mate real-May registrer)	Idding Mut lig, mil pate copyed - 12-48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Llorage 2	(For newborn infants give residence of mother)
County	ma. Howard
City or town Hanouer	State County
(If outside city or town limits, write RURAL and give nearest town)	City or town Hanoner
tow long in above place of death? 35 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death ogcurred:	Street No. Hanner Rd.
y	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Labores Mesarin	Ilakeri
Florence Vilger	ua Trong
4. Sea 5. Color or race 6.(a) Single, married, widowed, or divorged	MEDICAL CERTIFICATION
to white Willowed	111 1111 2:301
TE Muce Wisowia	20. DATE OF DEATH 1970 at 3:357
Hoanny Million	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(b) Name of husband o-ie	8 March 18 48 10 14 June 18 48
6.(c) If alive, give ageyea	(] //
, Birth date # 100 47	and that I last saw her alive on 14 the 19 40
deceased mo., day, yr.) [let 9 · 2 - /8 / /	
	Immediate caose of death.
B. AGE: Years Months Days It less than one day	Casalac Survey Leaves 2004
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9. Birtholace Fraderick Ma	Due to Agreenence Caracro
(Town, county, and state)	12 Houlas Freeze
Houseciale	
10. Usual occupation	Due to
er todaylar as business &	
11. Industry or business	
12. Name Cokrestopher / ung	Dither conditions Standard Successions
	Tel musel. I lan
3. Birthplace frederick Ind	(Include pregnancy within 3 months of death)
14. Malden name 21/argaret Tross 15. Birthplace Frederick Ind Hereny 2meter 21 man	(include pregnancy within 3 months of death)
14. Malden name.	Major fiediogs of operations
15 Rightelans Frederick had	
=1 13, Birthplace 4 Cocolor	Date of op.
16 Informan HEnry Watter Florey	Aotopsy resolts
	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address Hawavow me	
	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17/3 unal Date thereof offense 17/4	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Mistern Cemely	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Edwondson Ave	Injured at home, tarm, Industry, public place (where?)
Location	
Wzenam Gook me	Msens of Injury Injured at work?
18. Funeral director	"
Address /217 NX Taccl Sta	10 10 10 No selector In
Address On	23. SIGNATURE & Dradley Daughastry or
(15 VF A 11/2)	M. D. or ther
19 6/13 19 X0 Marine	N Haleshorter and 6-14-4

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	113	is especially important. Physicians: please write the causes of death clearly and legibl	
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Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

116 JUN 10 1948 CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
	-ervais 3. (b) Social Security Number 044-07-1742
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced married with.	MEDICAL CERTIFICATION 20. DATE OF DEATH
8.(b) Namo of husband or wife Almakansine Gervais	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth dato of years	May - 15 - 1848, 10 June - 1 - 1848
deceased (mo., day, yr.)	and that I last saw h
8. AGE: Years Months Days If less than one day 66 45 10 20	Immediate cause of death DURATION
8. Birthplace (Town, country, and state)	Due to Malmalmi liène
10. Usual occupation May Cont. May 5	Duo to lancinama af colore 6 min
11. Industry or business	
12. Name OliMER Gerrais 13. Birthplace Consults	Other conditions
	(Include pregnazey within 3 months of death)
H 14. Malden name Mulvirum Cofc 15. Birthplace Condu	Major fieldings of eperations
16. Interment Olphansine General	Astopsy results
Address Managamy Rd - E/knalge 17 During (Burial, cremation, or removal, Which?) Date thereof (month) (dky) (yeaf)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetory or crematory	Where did injury occur?
Location Waterhury Course!	injured at home, farm, industry, public place (where?)
18. Funeral director search H. Newsel	Means of Injury Injured at work?
Address Spewelle maybudy	P.S. SIGNATURE SLOTE M. Sulfamen 200
(Date roe'd by registrar)	Address Relay - Mel. Boto stoned VI 124

Registrar

CERTIFICATE OF DEATH

6264

Reg. Dist. No. 193

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. MARYIMA County City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) veteran, name war
3. (a) FULL NAME WILLIAM E.	GILLIS 3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced MAIE White MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH JUNE 20 19.49 21.5:50.A
5.(b) Name of husband or wite MARGARE # E. 6.(c) If alive, give age 57. 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 1. 1	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 1. 3
9. Birthplace Noward Community and state) 10. Usual occupation Petined 11. Industry or business	Due to artiris clavoring but to and hypertrusion
12. Name George Gillis 13. Birthplace MARY MANA	Other conditions
14. Maiden name PAChel Pickett 15. 8irtholace Macyland	(Include pregnancy within 3 months of death) Major findings of operations Dale of op.
16. Informant Dus - Musigaret & Priels Address MX. Aury, Md.	Autupsy results
17. Bulling (Buriel, cremation, or convey) (Buriel, cremation,	
Cemetery or company Top BIR SPRINGS	Where did injury occur?
Location Toplan paings, Howard 6. 11	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
19. June 24: 19 V8 & Raul Mere Regis	23. SIGNATURE M. D. or other M. D. or other tran Address Jamascus, Maryland Date signed June 21, 18

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib FOR BINDING RESERVED MARGIN

correct age

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PLEASE

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JUN 24 1948
BUREAU V. S.

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dlat. No. 191

1. PLACE OF DEAT	Н:			2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:	
County			***************************************	(For newborn infants give residence of mother) State. Maryland County Howard.		
			**************************************	State MELTYLANG Co	ountyHoward	***************************************
				City or towe Ellicatt City (if outside city or town limit	Y	
Hospital, Institution, or str			d:			
			***************************************	Streef No. Court Ave.	e LOCATION)	
How long in hospital or ins	stitution?		•••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME					3. (b) Social Security	Number
Tax	cv Lee	Scott H	lolden		None	
4. Sex 5	. Color or race	6.(a)Sing	e. married, widowed, or divorced	MEDICAL C	ERTIFICATION	40
6	TRY	ter.t	dow	20. DATE OF DEATH 26 Jun	e .48	
-	- W					
6.(b) Name of husband or t	wife John	Wesley	Holden	21. I CERTIFY that death occurred on the date at	ove stated; that I attended dec	eased from
*			c) If allve, give agoyears	19	L Oceans	19
7. Birth date of deceased (mo., day, yr.)	June 2	1.1865		and that I last saw h. 2 alive on 2		19
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	- Laria	DURATION .
83	0	5	brs. min.			
	1	1			1 Pardian	
9. Birthplace Ellicott City Md (Town, county, and state)			state)	Oue to		June
				nauev		***************************************
	KN.WALWAIR	·		Oue to		***************************************
11. Industry or business					y	
12. Name	lliam H	anry Sc	ott	Other conditions		
13. Birthplace		Md		(Include pregnancy within 8		
14. Malden name Ha	nnah Ha	slette				
5		Md	•••••••••••••••••••••••••••••••••••••••	Major findings of operations		
		148		***************************************	Oate of op	
fe. Informanf Han	nah Sco	tt		Autopsy results		
Address Ell	icott C	ity, Md		PHYSICIAN: Please underline the cause to v		statisticany.
. Purisl		Onto It as	m 6-20-79	22. VIOLENCE: If death was due to external ca		
17 Burial (Burial, eremetion, or	removal. Which	i?)	eof. 6-29-42 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Loudon Park Location Baltimore, Md.		Where did injury occur?(City or town)	(County)	(State)		
		Injured at home, farm, industry, public place (
18. Funeral director F.a.C. Higinbothom				Means of Injury	Injured at work?	
				m:11	4 1	0-1
Address	Ellico	C CITY	, MQ.	23. SIGNATURE	J. Jassau	7 /2
19 June 2 8	10 48	bole	u. B. Lenohau.	011.4 1.7	and MOY.	or other 6-26-4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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BALTIMORE CITY	HEALTH	DEPARTMENT	
CERTIFICA	TE OF	DEATH	166

Registered No. . ..

1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:
(a) Baltimore City, Maryland	(a) State Mod. (b) County Howard
(b) Street address Levering Ossemie	
(c) Hospital or institution: Howard Co. 1 md	(c) City or town
	(d) Street No.
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country?(Yes or No)
(e) Length of stay in Baltimore (yrs., mos., or days)	If yes, name country
3 (a) FULL NAME	
William 1	engamin Johnson
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION
World Was IL No. 2N-12-4397	20. DATE OF DEATH June 9, 1944, at 3 - P.M
4. Scx 5. Color or race 6 (a) Single, married, widowed, or	A
M C divorced. married	21. I certify that I took charge of the remains described above, held an
6 (b) Name of husband or wife Elizabeth Johnson	Autopsy, Inspection or figure
6 (4) If alive, give age years	by said Autopsy. Inspection or Inquiry, find that said deceased came
7. Birth date of deceased (mo., day, yr.) /922	to death on the day stated above, and death in my
8. AGE: Years Months Days If less than one day	opinion resulted from: natural causes [], accident [], suicide [],
24 hr. min.	homicide , undetermined and that the causes of death were:
9. Birthplace Agreed Gr. In al	IMMEDIATE CAUSE OF DEATH Shotous Lagrange
9. Birthplace (Town, county, and state)	of Irain
10. Usual Occupation Druck Druck	5
11. Industry or business	
12. Name Otis Johnson	Due to
13. Birthplace hand	
m l	Other Conditions
E 14. Maiden Name / Vattle Williams	
15. Birthplace manfand	(Include pregnancy within 3 months of death)
16 (a) Informant Cheschill Johnson	22 16
(b) Address & IR . TO P. I.	22. If an external cause was primary for contributing [] cause of death, fill in the following:
2 · 2 · 2	6 Pur () () () () () () () () () (
(Burial, cremation, or removal) (month) (day) (year)	Lawerian milal asp
(c) Cemetery or crematory	(b) Where did injury occur?
0.0.00	(c) Did injury occur at home on Erm, melitaria place, in public
Location 6 Carlasvelle 40	place? While at work?
18 (a) Funeral director HO. Hy unbollow	(d) Means of injury 6 Jureanny
(b) Address Ellust Gly md	23. Signature M.D.
19 (a) June 11 (b) 48 a. w. Holm	Cate signed 6/10/48 Mossial Examiner
VS 151	Control of the contro

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town) (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital institution or street address where death occurrence Street No. (If rural, give LOCATION) How tong In hospital or institution? 2.(a) if veteran, name war. 3. (a) FULL NAME 3. (b) Social Security Number 13-01-76 MEDICAL CERTIFICATION 20. DATE OF DEATH. 8.(b) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) DURATION tt tess than one day 8. AGE: (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, (month) (day) (year)

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injured at home, farm, industry, public

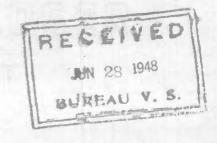
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MARYLAND STATE DEPARTMENT OF HEALTH

241 N. Charles St., Baltimore

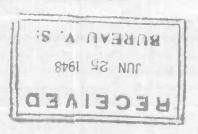
CERTIFICATE OF DEATH

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I. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) Of	F DECEASED:	
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City or town. Clarks ville. (If outside city or town limits, write RURAL and give nearest town)				State Md Coul	nlyHoward	****************
				City or town Clarksville	01,0000,0000,0000,0000,00000,0000000000	***********
low long in abovo placo of de lospital, Institution, or stree						
tospital, institution, of stree	I addicas where	death occurre		Streel No. Cedar La:		
low long in hospital or instit	tulion?			2.(α) If veleran, name war		
3. (a) FULL NAME					3. (b) Social Security Numb	er
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1. Sex 5. C	Color or raco		le, marriod, widowed, or divorced	MEDICAL CE	ERTIFICATION	
					11 484	ZAR
F	W	W1	dow	20. DATE OF DEATH. June	19	
E (h) Name of bushand or wil	6 Charl	es G.T	inthicum	21. I DERTIFY that death occurred on the date abo		om //[
				Jana 21 19	45 in June 21	19
7. Birth dale of		5.1	(c) if alive, givo ageyears	and that I last saw half malive on	7 Ho sem	119
deceased (mo., day, yr.)	June		1858	Immediate cause of death		DURATION
8. AGE: Years	Months	Days	If tess than one day	O. T. Dogs.	tre	
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	pand			Cardita	scular -	20
9. Birthplace	(Town,	county, and	state)	Due to.	land	The state of the s
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation At Home						
			•••••	Due to		• • • • • • • • • • • • • • • • • • • •
11. Industry or business				4		
12. Name Freder	ick Br	osenne		Other conditions		************
13. Birthplace	Ge	rmany		(Include pregnancy within 3 n		
T.C	ouise F	ox				
		ermany		Major findings of operations		4. 44. 0
15. Birthplace	- 0	OI HOILY			Dale of op	
18. InformantChe	rles Li	nthicu	Ψ	Autopsy results		
Address Clark	ksville	146		PHYSICIAN: Please underline the cause to wh	ich death should he charged statisti	cally.
		7:10		22. VIOLENCE: If death was due to external cau	ses, fill in the following;	
17. Burial Dato thereof (month) (day) (year)				Accident, suicide, or homicide	Dale of	
Cemotory or cromatoryI				Where did injury occur?(City or town)		
						te)
Location	Clarksvi	lle	Md	Injured at home, farm, industry, public place (wh	iero?)	
18. Funeral directorF.			1	Mesns of Injury	injured at work?	
				Men 1 -	21.6.1	2010
Address E.	llicott	City,	id.	22 SIGNATURE WING N	Herbert	70
6-23	19 48	.).	eni Co. Whitales	DEFOIT MEDICAL EXAMINER OF HO	WARD COUNTY M. D. o other	11/1
(Date rec'd by registra	19		Registrar	Address Eliesti Co	a med Date signed	1-70



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimoru

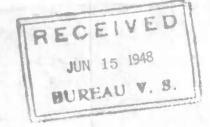
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CERTIFICATE OF DEATH

Par Diet No 191

	Keg. Dist. No. JI.
1. PLACE OF DEATH: Gounty Howard County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residunce of mother)
City or town Ellicott City Maryland (If outside city or town limits, white RURAL and give nearest town) How long in above place of death? Since Sept. 28, 1947 Hospital, institution, or street address where death occurred: Pinel Clinic How long in hospital or Institution? Since Sept. 28, 1947	State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No.123 Cumberland Street (If rural, give LOCATION) 2.(a) If veleran, name war.
3. (a) FULL NAME Jacob. W. McLaughlin 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W Widowed	20. DATE DF DEATH. June 11 1948 .at 5:15 P
6, (b) Name of husband or wife All Ally Sive age years 7. Birth date of	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from September 28 1947 to June 11 19 48 and that I last saw him alive on June 11 18 48
8. AGE: Years Months Days If less than one day 8. hrs	Cerebral Thrombosis 1 Day
9. 8irihplace Town, county, and state)	Due to Cerebral Arteriosclerosis (?)
10. Usual occupation	Due to
12. Name Un Production 13. Birthplace	Diher conditions
13. Birthplace H 14. Maiden name 2 Ch.	(Include pregnancy within 3 months of death) Majur fiudings uf operations
S 15. Birthplace	Date of op.
16. Informant Ash Affect of the second of th	Autupsy results
Address (Murial cremation or removal, Which?) Address (Murial cremation or removal, Which?) (Burial cremation or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory	Whers did injury occur?
Location Gundreland David	Injured at home tarm, industry, public place (where?)
Louis Station	Means of Injury Injured at work?
Address Carm Classon Took	Jim (Jelon 9.2.
19. June 11, 19 48 John B. Loughan	23. SIGNATURE M. D. or other
(Tate rec'd by registrar) Pu. B. E. 2 Registrar	Address



RTIFICATE OF DEATH

		0	4	6	-)	
Reg.	Dist.	N	D	1	9	4	

				CERTIFI	CAT
I. PLACE OF County HO	DEATH:				
County		: 77 -			
		or town lin	nits, write RUR	AL NEAR and give town)	
Street address, h	ospital, or instilu	tion:			
AL					
3, (a) FULL		111031, 07 04)	10/		
J. (w) 1 O LL		187.2 7.4	on Don	7.44	
Sex		Ot tace	6.(a)Single.	married, widowed, or divorced	
M		-	Marr		
8 (b) Name of hu	isband or wife	mie i	E.Parlet	L	
			6(c) If alive,	give ageyes	ars
Birth date of deceased (mo	., day, yr.) 1	Nov-	12,1575		
8. AGE:	Years M	onths	Days	If less than one day	
	72	17	13	hrs	min.
1D. Usual occup	pationFai	rmer	Md , county, and st		
13. Birthpla	Jacol	J.Pa	rlett-		
14. Majdan	nameMan	rian I	.Scott		
14. Maiden 15. Birthpta	ice	2.4			
1 To an alpu	Howard		+	6011111	
				16A	
Address		ksvil]			
(Burial, cre	mation, or rem			(month) (day) (ye	sr)
Cemetery or	crematoryS1	Mar.	ks		
Location	Highlan	nd	Md		
16. Funeral dire	ector F.C.	Higinb	othon_		
Address	Ellic	cott (City, Md.		
19. 6 - 2	d S	19 48	ma	rie a. White	Res

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25	DURATION
	DURATION
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ion	5 mins
	2 yrs
	PHYSICIAN
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JUN 29 1948

· No Latty about

BUREAU V. S.

WRITE

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9401

6271

CERTIFICATE OF DEATH

eg. Diat. No. 195

CERTITICAL	Reg. Diat. No.
1. PLACE OF, DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For ny porn infants give residence of mother) State
3. (a) FULL NAME Welly Jackson Redonand 4. Sex / 5. Edger or race (6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex (5. Kolor or race (6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH 2D. DATE OF DEATH
6.(6) Name of husband or wife Park Lee Kellensel. 7. Birth date of Lee Kellensel. 7. Birth date of Lee Kellensel.	and that (last saw h A.M. alive on
8. AGE: Years Months Days It less than one day 8. AGE: Years Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days It less than one day 8. AGE: Honding The Months Days Days Days Days Days Days Days Day	lovary Hrombous 10 ms.
9. Birihplace	Due to.
11. Industry or business Cattan mill 12. Name	Diher conditions
14. Maiden name May Sterlack	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Mrs. Mande Specht	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 17. Date thereof (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Cemetery or crematory.	Where did Injury occur?
18. Funeral director the With Banaldson Address Lawel Handen	Maans of Injury Injury at work?
19. O 10 +81: Mark hiller (Date registrar) (Date registrar) (Date registrar)	Address Date signed 107 48

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JUN 16 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

6272

CERTIFICATE OF DEATH

	Reg. Dist. No		
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For rewborn infants give residence of mother) State		
3. (a) FULL NAME Hewton Jaspen Sherman	3. (b) Social Security Number		
4. Sex 5, Keplor or pole 6.(a) Single, married, widowed, or divorced M Wyslawed	MEDICAL CERTIFICATION 20. DATE OF DEATH 19 4 8 at 1		
6,(b) Name of husband or wite Hinnie (c. Sherman) 6,(c) It alive, give age year	21. I CERTIFY that death occurred to the date above stated: that I attended deceased from		
7. Birth date of deceased (mo., day, yr.) april 26, 1869	and that t last saw h		
8. AGE: Years Months Days It less than one day	lerebale Halmorhoge 63		
9. Birthplace (Town, county, and grate)	Due to atterio - sclerosio Pol		
11. Industry or business Centerly caretaker	Due to		
12. Namoleve Sheefran E 13. Birthpiace Prignia	(Include pregnancy within 3 months of death)		
14. Maiden name Mary Renner	Major fiediogs of operations.		
2 15. Birthplace Jugina 16. Informant June January	Actopsy resolts		
Address Eries Pennaghamas 17 Birial Date thereof June 13, 194	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
(Burial, cremation, or removal Which?) (month) (day) (year) Cemetery or crematory	Where did Injury occur?		
Location Sarage May Local Sand Sand Sand	Injured at home, farm, Industry, public place (where?) Means of injury tnjured at work?		
Address Laurel Maryland	23. SIGNATURE MANUSCHILL		
19. (Date see'd by registrar) Registrar	Address Davage, Ma Date signer 9/12		

MARGIN RESERVED FOR BINDING

SA

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JUN 16 1948

BUREAU V. S.

2. USUAL RESIDENCE OF DECEASED:

(a) State Md (b) County.

BINDING Every item FOR MARGIN RESERVED UNFADING INK.

PLEASE WRITE

2	(c) Hospital or institution: of & Meridge, Md.					
2101	(d) Length of stay in hospital or inst. (yrs., mos., or days)					
T IE	(e) Length of stay in Baltimore (yrs., mos., or days)					
and	3 (a) FULL NAME					
217	3 (b) If veteran, name war 3 (c) Social Security Account					
2010	Moke No.					
7.5	4. Sex 5. Color or race 6 (a) Single, married, widowed, or					
an	male Colored divorced. Widowed					
C C	6 (b) Name of husband or wife Goldie Banks Squirrel					
1026	6 (c) If alive, give age years					
2	7. Birth date of deceased (mo., day, yr.) Oct. 2, 1904					
E CE	8. AGE: Years Months Days If less than one day					
VEID	7.3 hr. min.					
Se	9. Birthplace Mas July truiste Correlly ma					
lea	10. Usual Occupation Labour					
2:0	11. Industry or business					
lan	12. Name Watter Squerell					
ysıc	13. Birthplace Carroll Col Med.					
4	14. Maiden Name Laurula Column					
nr.	15. Birthplace Carrelle ned:					
orta	16 (a) Informan: Mm: Lavinia a squirell.					
dun						
T A	7 4					
Sc. 121	17 (a) (Furial, cremution, or removal)					
espe	(c) Cometery or cramatory. W. Letter Clashel Com					
IS	Location hear westmuster Mid.					
age	18 (a) Funeral director 2.5. Mayling for					
100	(b) Address 1 for Animaly Med					
OLL	19 (a) 7/2/48(b) AW Hedriel					
٥	(Data rec'd by registrar) VS 151					

	(c) City or town 6 lpsedge						
	(If outside city or town limits, was RURAL and give town						
	(d) Street No. (If rural give location)						
i	(e) Citizen of foreign country?(Yes or No.						
	If yes, name country						
1	Preston (Squair) Squippet						
1	reston (Squaer) Squirrek						
	20. DATE OF DEATH June 30 19 8 at 12 30 pm						
	20. DATE OF BEATH SERVICE, ALL						
	21. I certify that I took charge of the remains described above, held a						
-	Autopsy, Inspection or proquiry						
1	by said Autopsy. Inspection or Inquiry, find that said deceased cam						
	to Mess death on the day stated above, and death in m						
-	opinion resulted from: natural causes [], accident [], suicide, [] homicide [], undetermined [] and that the causes of death were						
1	IMMEDIATE CAUSE OF DEATH						
	Chronic congestive heart						
	Jacherel						
-	Due to						
1							
-	Other Conditions						
	(Include pregnancy within 3 months of death)						
	22. If an external cause was primary [] or contributingause of						
	death, fill in the following:						
	(a) Date of injuryN						
	(b) Where did injury occur?						
	(c) Did injury occur at home, on farm, industrial place, in publi						
	. /////////////////////////////////////						
-	(d) Means of injury.						
	23. Signature Medical Exampler.						
	Date signed 7-1-48						

age

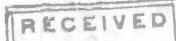
WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

PLAINLY, is especially

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Manyland County County
(If outside city or town limits, write RURAL and give nearest town)	City or town Inear dancel.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Sirect No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME John Welch	3. (b) Social Security Number
4. Sex Scolor or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 24M
6.(b) Name of husband or wife Assay F. Welch 6.(c) If alive, give age years	21. I CERTIFY that death occurred on the date above stated; that aftended deceased from
7. Birth date of deceased (mo., day, yr.) October 14/874	Immediate cause of death DURALION DURALION
8. AGE: Years Months Days It less than one day 23 8 6hrsmin.	Cerebral hunorky 32.
9. Birthplace Claring (Toyn, county, and state)	Due to Negpuluseon 10 4
10. Usual occupation	Due to
11. Industry or business	anti- Carro When
12. Name Jackers William 13. Birthplace unknown	Other conditions Condi
14. Maiden name Elizabeths Lysus	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Mrs ann F. Welch Address Annel, Marsland	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burist, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Lell Carellang	Where did injury occur?
Location Changes And Changes	Injured at home, farm industry, public place (where?) Meens of injury Injured at work?
18. Funeral director. Alle With Manaldan	(//////////////////////////////////////
Address James Maryland	23. SIGNATURE MARIE MARI
19. 672 2146 Manks hapen	Address Address Date signed 6/21/4



JUN 28 1948

MINFALL V. S.

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VS, A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

ita

Reg. Dist. No. 191

1. PLACE OF DEATH:			(For newborn infants give residence of mother)		
County Howard			State Maryland County Howard		
City or town		mits, write RURAL and give nearest town)			
How long in above place of death?			City or town Glewood (If outside city or town limits, write RURAL and give neares	st town)	
Hospital, Institution,	or sireet address where	death occurred:	Street No. Roxbury Mill Road		
			(If rural, give LOCATION)		
***************************************			2.(a) If veteran, name war	*******	
3. (a) FULL NA			3. (b) Social Security No	amber .	
3. (a) I OLL HA	A77 &4		J. (0) Docial Security No.	and the same of th	
		John Vogel Woltz i 6.(a)Single, married, widowed, or divorced			
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1030	
M	W	Married	20. DATE OF DEATH Sune 15 19 19	10 A	
	100	0 7 2 1	21. I CEATHFY that death courred on the date above stated; that strended decease	ed from	
8.(b) Name of husba	and or wite	S.Woltz	me 15 . 48. Hare 16	44	

7. Birth date of deceased (mo., da	17. yc.) July 4.	100/			
	ears Months	Days If less than one day	Immediate cause of death	OURATION	
D. ALGE.			Assmary Occhious	70542	
1	53 1 11	10min.	Caro reacy	/	
9. Birthplace Washington D.C. (Town, county, and state)		D.C.	Due to	***************************************	

		'aker	Oue to	***********************	
11. Industry or busi	iness 1 = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3.4			
12 Name	Albert M. W.	oltz	Other conditions		
12. Name Albert M. Woltz					
			(Include pregnancy within 3 months of death)		
14. Malden name Anne Elizabeth Vogel		soarn voger	Major findings of operations		
15. Orthplace Pa		a			
l .		Voltz	Antopsy results		
			PHYSICIAN: Please underline the cause to which death should be charged sta	tistically.	
Address	Greumood,	Howard Co. Md	22. VIOLENCE: tt death was due to external causes, till in the toilowing;		
17. Buria	tion, or removal. Which?	Oate thereof	Accident, suicido, or homicide	************************	
Cemetery or crem	matory Ciulli Ord	Memorial	Where did injury occur?		
Location Greensboro, N.C.		79	Injured at home, farm, Industry, public place (where?)		
		nbothom	Meens of Injury Injured at work?		
			apply an Herbert	Land	
Address E	llicott Cit	y,Md.	000/0	190	
0	1) 110	John B. Lougheau.	23. SIGNATURE DEPOTY MEDICAY EXAMINER OF HOWARD COUNTY M. D. of	other CO	
19. Date rec'd by	1 2 19 4 8	Registrar	Address Fellcest City my Date signed	14. DK	

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JUN 24 1948

BUREAU V. S.